

Randolph J.

SOME REMARKS
ON
MORBUS COXARIUS,
WITH AN ACCOUNT OF
P. S. PHYSICK'S
METHOD OF TREATING THIS DISEASE.

BY J. RANDOLPH, M. D.
LECTURER ON OPERATIVE SURGERY IN THE PHILADELPHIA SCHOOL OF MEDICINE.

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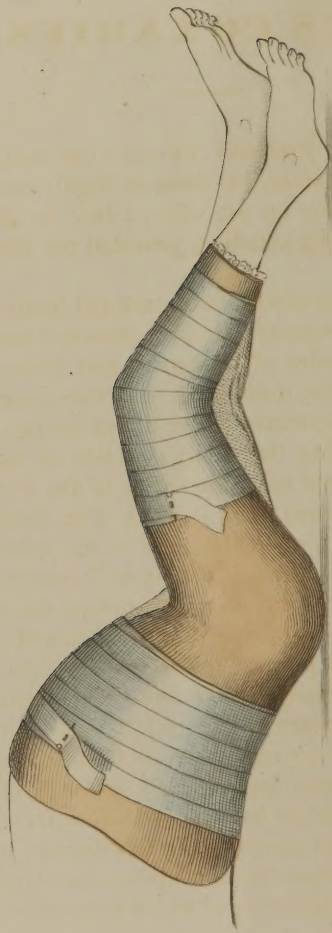
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SOME REMARKS

ON

MORBUS COXARIUS, &c.

THE success which Professor PHYSICK has met with from his mode of treating hip disease, has been so highly encouraging, as to induce him to believe that he can effect a cure in all recent cases, and in many even of long standing, provided the joint be not disorganized.

Most persons acquainted with the nature and treatment of diseases of the joints, must be aware of the tediousness and uncertainty which attend the ordinary modes of treatment, and those who have witnessed successful results, must know that they have only been obtained by a steady perseverance in the use of the proper remedies.

It is extremely probable that a large portion of the profession in this country have received some intimation of Dr. Physick's method of treating morbus coxarius; but it is much to be feared that others, from ignorance of his precise plan, and of the extent to which he carries it, have in many instances employed it unsuccessfully.

It is unnecessary to enter into an examination of the various opinions which have been entertained respecting the nature of the complaint; it being sufficient for my purpose to observe, that the investigations of the best modern pathologists have led to the conclusion, that in morbus coxarius the cartilage of the hip joint is the part primarily affected, and that in ordinary cases, this is found to be in a state of ulceration. The profession are infinitely indebted to Mr. BRODIE for the valuable information he has communicated respecting the morbid anatomy of the part concerned in this disease; he has enjoyed opportunities of making dissections in the various stages of the complaint, and he states the following to be its progress:—

“1st. Ulceration takes place in the cartilages: generally in that of the acetabulum first, and in that of the head of the femur afterwards; sometimes it begins in both at the same time. 2d. The ulceration extends to the bones, which become carious; the head of the femur is diminished in size, and the acetabulum is rendered deeper and wider. 3d. Abscess forms in the joint, which after some time makes its way by ulceration, through the synovial membranes and

capsular ligament, into the thigh or nates, or even through the bottom of the acetabulum into the pelvis. 4th. In consequence of the abscess, the synovial membrane and capsular ligament become inflamed and thickened. The muscles are altered in structure, sinuses are formed in various parts, and at last all the soft parts are blended together into one confused mass, resembling the parietes of an ordinary abscess."

Mr. Brodie remarks, that in whatever period of the disease the examination is made, the cartilages are found in a state of ulceration; a considerable variation, however, is observed with respect to the alteration of structure which takes place in the adjacent soft parts and bones, these last being very seldom affected at an early period of the disorder. In some instances, the head of the thigh bone, together with a portion of its neck, are entirely destroyed by caries; whilst in others, the raised margin of the acetabulum is so completely removed that there only remains a carious surface of the several bones composing this cavity.

In general, the bones of the pelvis are much more extensively affected with caries than the thigh bone. This fact has been noticed by several writers, and particularly by Mr. FORD. In those cases in which the head of the femur is completely removed by caries, the limb becomes considerably shortened, in consequence of the muscles drawing the great trochanter upwards towards the spine of the ilium. The same shortening may take place, however, independently of the destruction of the head of the bone, in consequence of what has been called the spontaneous luxation of the os femoris, in which case the head of the femur is first pushed outwards by coagulable lymph and pus which occupy the cavity of the acetabulum, and it is then drawn upwards by the action of the muscles, and lodged on the dorsum of the ilium. Mr. Brodie states, that—

"Ulceration of cartilage may be the consequence of inflammation of the cartilage itself, or of the bony surface to which it is connected; but in many instances there are no evident marks of inflammatory action having preceded it, either in one part or the other, and the inflammation which afterwards takes place appears to be rather the attendant on, than the cause of, the ulcerative process."

With great deference to Mr. Brodie's opinion, I would remark, that inasmuch as it is impossible to furnish any satisfactory evidence that inflammatory action does not in all instances precede the ulcerative process, I think it is more rational to suppose that this latter condition is the consequence of the former, according to the almost universal analogy on this point which exists in the animal economy, notwithstanding, as is frequently the case in other tissues of the body, all traces of the inflammation may be lost at the time of the

examination after death. It is undeniable, however, that the ulceration of the cartilages may take place without being attended with the secretion of pus. Dissections have proved this fact very completely; in some instances the disease has been found to have proceeded to a considerable extent without being accompanied with the formation of this fluid.

It must be regarded as an extremely fortunate circumstance for patients afflicted with coxalgia, that the formation of pus takes place so very slowly, experience having fully proved that the case is rendered much more tedious and uncertain by this occurrence. Mr. Brodie goes so far as to declare that he never knew an instance of an adult's recovering from this disease, after abscesses had formed. Children, however, frequently recover under these circumstances. Not long since I attended a boy in consultation with Dr. Physick, in whom a considerable abscess had formed in the acetabulum. The head of the thigh bone had been dislodged from its socket before we saw the case. The abscess burst externally, sinuses formed, from which there were copious discharges of purulent matter, and finally, the bottom of the acetabulum was destroyed, the abscess made its way into the pelvis, the ulceration extended through the coats of the rectum, and a portion of the purulent matter was discharged *per anum*, whilst a portion of the feces escaped through the openings in the hip. Notwithstanding all this, by a rigid perseverance in Dr. Physick's mode of treatment, the patient recovered with an ankylosed limb, and is now an active, healthy boy.

The various appellations which have been used for the purpose of designating this disease, such as the scrofulous caries of the hip joint, abscess of the hip joint, spontaneous luxation of the os femoris, and the scrofulous hip, I consider as objectionable, inasmuch as they only serve to point out a particular state of the affection. It is true that in the generality of cases the disease is met with in patients who possess a scrofulous diathesis, but it is equally certain that it attacks those who are entirely free from any such condition of the system. The exciting cause of the disease is most commonly supposed to be exposure to cold; it is probable however that it is often produced by external violence. On this account children should not be encouraged to jump from too great a height; the disease may possibly have been frequently excited by this cause. Several cases have also presented themselves, in which excessive exercise and falls upon the trochanter major appear to have produced the complaint.

Children are by far the most frequent sufferers from morbus coxarius; occasionally, however, it is met with at all periods of life. In

general it attacks only one hip, sometimes it exists in both hips at the same time, being more fully developed in one than in the other, and in some rare instances after the disease has been cured in one hip, it makes its appearance in the opposite one. Cases have also occurred, in which, after the hip has been cured, the disease has attacked the vertebral column.

It is not my intention to enter into a minute or systematic consideration of the various symptoms which accompany morbus coxarius, I shall make a few remarks upon such of the more prominent symptoms merely as serve most clearly to designate the complaint. In the commencement of the attack, the diagnosis is often exceedingly difficult, and in order to ascertain the nature of the disease satisfactorily, it behoves the practitioner to examine its early symptoms in the most careful manner.

Most generally the first intimation which is given of a child's being affected with hip disease, is a slight degree of lameness in walking. In consequence of this being attended with but little pain in the commencement of the attack, it does not excite very serious apprehensions in the minds of the parents—they most probably attribute it to a fall, and defer applying for advice, in the hope it will get well of itself. Should they even send for a physician, if he be not experienced in cases of this kind, he will, it is most likely, adopt the same impressions: perhaps he will keep the patient at rest for a short time, the symptoms are relieved, the child gets up, and the real nature of the case is lost sight of for some time. Sooner or later, however, the pain and lameness increase so considerably that the patient is no longer able to walk about, except with the greatest difficulty. Nothing can be more irregular than the degree and situation of the pain. In some instances, the pain is felt altogether in the ankle, in others in the knee, and in others in the hip; in the greater number of cases it is situated in the knee. I am now attending a little girl affected with the complaint, who has been under my care for the last nine months, and during all that time I do not know that she has ever complained of pain in the hip, unless after I have made pressure near the joint; she has had several paroxysms of violent pain in the knee. Frequently the patient is roused from sleep by excruciating pain, which in general is not of long continuance, but comes on in paroxysms, in the intervals of which she is perfectly easy.

When the patient is permitted to walk about until the complaint becomes somewhat advanced, there is always more or less pain experienced in the neighbourhood of the hip joint; and in order to relieve this, he inclines the pelvis in such a manner as to give to the

limb on the affected side, the appearance of being either preternaturally shortened, or elongated. I have met with several cases in which the length of the limb appeared so evidently increased, that I could not possibly satisfy myself with the naked eye, that the elongation was not real: by measuring the distance however in each limb, from the anterior superior spinous process of the ilium to the patella, it was found to be the same. The apparent elongation is owing to the pelvis being inclined to the affected side. In some instances it happens that the hip and knee of the affected side are bent in such a manner, that the toes only come in contact with the ground, whilst at the same time the heel is raised. In consequence of this, the patient in walking throws the weight of his body upon the sound limb, and inclines the pelvis to that side; this produces an apparent shortening of the limb; a condition which should be carefully distinguished from those in which I have described the real shortening to take place.

The flattened appearance of the nates which presents itself in the advanced stage of the disorder, has been very satisfactorily explained by the circumstance of the joint being deprived of its natural exercise, in consequence of which the glutei muscles become flabby and lose their usual convexity. In those cases where the acetabulum becomes filled up with coagulable lymph and matter, the breadth of the nates may become considerably increased, in consequence of the head of the os femoris being pushed outwards from its natural situation. This circumstance also will cause the nates to present a flattened appearance.

From the brief notice I have taken of the several symptoms which attend the ulceration of the cartilages of the hip joint, it will be readily perceived how exceedingly difficult it would be to form a correct judgment of the complaint from any individual symptom; they are, in fact, each of them to be met with in other affections of the hip. Mr. Brodie remarks, that the diagnosis "is to be founded not on a single symptom, but on the combination of symptoms, and on the history of their progress, so that no degree of experience can enable a surgeon to form his judgment correctly, without a careful investigation of the circumstances of the case before him."

Before commencing the treatment of a case of morbus coxarius, it is Dr. Physick's invariable practice to explain to the patient, or his friends, the chronic nature of the complaint, and the probable length of time which will be required for its cure, even under the most favourable circumstances. He also informs them, that they are not to expect much immediate benefit from the treatment, and that unless they are determined to persevere, it is useless for him to undertake

the cure. By a candid exposition of this kind, the physician may frequently be spared the unpleasant reflections which patients are sometimes apt to make when their too sanguine anticipations are not realized.

It is of some importance that the bed upon which the patient is to be placed, should be constructed of proper materials; Dr. Physick always directs a hair mattress to be employed. The patient being confined to bed with a proper understanding that he is to continue there for a long time, and that rest in a horizontal position is absolutely necessary for a cure, Dr. Physick commences the treatment by the administration of a mercurial purge. In a patient of from six to ten years of age, he would give two or three grains of calomel, to be taken at bed time, and to be followed by a dose of castor oil the next morning, unless it should operate freely previously.

The patient having been kept still for a few days, the doctor next makes a very careful examination of the parts about the hip-joint. If he finds these to be inflamed and swollen, and tender to the touch, he directs the application of a sufficient number of leeches to take away, from a patient of the age I have mentioned, four or six ounces of blood. In general, he does not prescribe much reduction in the diet, unless the inflammation be very acute, and the patient suffer from fever; in most cases he advises a wholesome light diet. The next object which demands the attention of Dr. Physick, is the commencement of a course of steady and systematic purging. The experience which he has had in this complaint, has impressed him with the belief that this last measure is very superior to most of the remedies generally employed, such as emetics, fomentations, blisters, caustic issues, &c. He even views the seton in the groin, so strongly recommended by Mr. Brodie, as being much less efficacious than the establishment of a drain from the bowels by means of active, long-continued purging. It is not very material which of the cathartic remedies be employed for this purpose; it is proper, however, that the medicine should be changed occasionally, either as it may lose its effect, or as the patient may acquire a dislike to it. The cream of tartar and jalap may be considered as the most convenient and best cathartic. Dr. Physick has employed this remedy for a very long time in these cases, and he also recommended it highly, many years since, in his surgical lectures, for the treatment of caries of the spine. It should be administered every other day, in sufficient doses to procure several copious evacuations.

Having pursued the above treatment for a few weeks, and accustomed the patient to his confinement to bed, Dr. Physick next pro-

ceeds to the application of the remedy which he considers to be the most important and efficacious one that has ever been employed in the treatment of morbus coxarius. This consists in a splint properly carved so as to be adapted to the irregular size, shape, and position of the diseased hip joint, thigh, knee, and leg. It must also be carved so as to fit the principal part of the same side of the trunk. The whole must be long enough to extend from the middle of the side of the thorax, nearly as far down as the external malleolus, and it should be wide enough to extend nearly half way round the parts to which it is applied. In those cases in which the thigh is bent upon the pelvis, and the leg upon the thigh at the knee joint, the surgeon must by no means attempt to force the limb into a straight splint. On the contrary, the splint must be made angular at those parts so as to adapt itself to the exact position of the limb, however crooked it may be. After the patient has worn a splint of this shape for some time, the inflammation and swelling become so much relieved, that the limb can be placed in a much straighter position; and now it becomes necessary to have a second splint constructed which will adapt itself to the altered position of the parts. It seldom happens that more than two splints are required in the treatment; it has, however, occurred to Dr. Physick, to be obliged to have recourse to three and even four. The inside of the splint must be carefully wadded, in order to prevent it from excoriating the skin, and it must be retained in its proper situation by means of two rollers, one of which should be attached to the upper end of the splint, so as to secure this part to the thorax and hips, whilst the other is applied to the splint and limb from the ankle to the top of the thigh.

The length of time which may be required for the performance of a cure, varies in general from six months to two years, though the usual period is about twelve months. During all this time the splint should be kept steadily applied; the surgeon in fact should not remove it until some time after all the symptoms and appearances of the disease have entirely subsided. As soon as there is sufficient reason for believing that the disease is completely cured, the exercise of the limb may be resumed in the most cautious and gradual manner.

When the splint is first applied, the child in general is restless and uneasy, and frequently complains so much that it becomes necessary to remove it for a short time, in order to pacify him; after a few days, however, he gets completely accustomed to the splint, and experiences so much relief from pain, that he is extremely unwilling it should be taken off even for a short time.

It may be said that this treatment is not applicable to cases of

morbus coxarius occurring in patients of a decidedly scrofulous constitution; so far from this being correct, however, in several instances complete cures have been effected in such patients.

In order to have the splint properly constructed, it is necessary to employ a regular carver. Mr. Rush, an ingenious workman of this city, is always resorted to by Dr. Physick for this purpose.

The drawing annexed to this paper will convey a tolerably correct idea of the form of the splint, and its mode of application. See Plate II.

It is scarcely necessary for me to add, that the treatment which I have just detailed, is particularly adapted to morbus coxarius prior to the period of suppuration. When abscesses form and burst, it generally becomes necessary to apply soft poultices, and in some instances to support the patient's strength by gentle stimulants and a nourishing diet. The splint, however, must be regarded as the important remedy in all cases in which the head of the femur is not either destroyed by caries or pushed out of its natural socket by the disease, and even then it favours a cure very considerably by promoting ankylosis.

I have now described the method of treatment which is pursued by Dr. Physick, for the cure of the ulceration of the cartilages of the hip-joint. It would be an easy matter to cite numerous cases in support of its efficacy; these however have increased to such an extent, as to render their publication almost a work of supererogation.*

* I take great pleasure in publishing the following letter, received from my friend, Dr. B. H. Coates, and am exceedingly happy to have the sanction of his experience in favour of the splint.

MY DEAR DOCTOR,—It gives me much pleasure to reply to your inquiry as to my experience in the use of carved splints in cases of morbus coxarius. I am sorry to be obliged to speak from memory alone; not having preserved records of the cases; but if this be sufficient, I can give the result of some observations made not without care, and with a great desire to ascertain the truth.

During my residence in the Pennsylvania Hospital, as well as since, I have seen splints carved to fit the part, applied to a number of cases, some of which were in the ulcerated stage, and others less advanced. The splint was used in combination or alternation with blisters, issues, setons, confinement to bed, and purgatives administered every other day, and in some instances also with moderate exercise. It appeared to me that the splint was decidedly more successful than any one of these remedial means; and I incline to the opinion, that it is in many instances superior to any number of them combined. I do not think it was ever employed without a perceptible amelioration of the symptoms, within the space of one or two days. The patient frequently stated that he obtained, in the night following its application, sounder sleep than for many

Before concluding this paper, it may not be uninteresting to state, that Dr. Physick has applied the same plan of treatment to numerous affections of other joints with the most happy results. He has adapted the carved splint to the elbow, the knee, and the ankle, and has frequently found this remedy to succeed when all others have failed. My own experience in the treatment of diseases of the joints, has led me to the conclusion, that a state of absolute rest is to be regarded as the most important and efficacious remedial means which can be employed.

In the affection of the vertebral column, known by the name of caries of the spine, a disease which I believe to originate in the intervertebral cartilages, and to be in fact of the same nature as the ulceration of the cartilages of the hip-joint, most of the best surgeons both in Europe and this country, concur in recommending rest in a horizontal position, in conjunction with issues and purgatives, as constituting the most valuable and successful plan of treatment. I would take the liberty of suggesting whether an improvement might not be made upon this treatment, by having a splint carved of light wood, and made to fit the back, so as to afford firm support to the spine, and prevent the least possible motion of the vertebræ. If it be admitted that the application of a splint facilitates the cure of the ulceration of the cartilages of the hip-joint, why should it not also facilitate the cure of the ulceration of the intervertebral cartilages? I cannot help suspecting that such a splint would form a valuable auxiliary, not only in expediting the cure, but also in preventing deformity. I shall certainly make trial of the measure upon the first suitable opportunity.

I am well aware that this is recommending a practice totally at variance with one which has been lately employed in this city, and has

weeks or even months previously. The value of such palliation, either in allowing inflammation to subside, when this was practicable, or in husbanding the strength of the sufferer, and enabling him to struggle with more success against pain and exhaustion, is sufficiently obvious; and it is found of the greatest importance in practice. I have repeatedly seen cures effected, which, in my opinion, were mainly or entirely to be attributed to this remedy.

I would add that it is necessary that the splint be of carved wood, and in good condition; as the use of either wet pasteboard, moulded to the part, or of a splint cracked across the middle, in any direction, was always followed by failure in the object designed.

I am very respectfully and sincerely your friend,

B. H. COATES.

Dr. RANDOLPH.

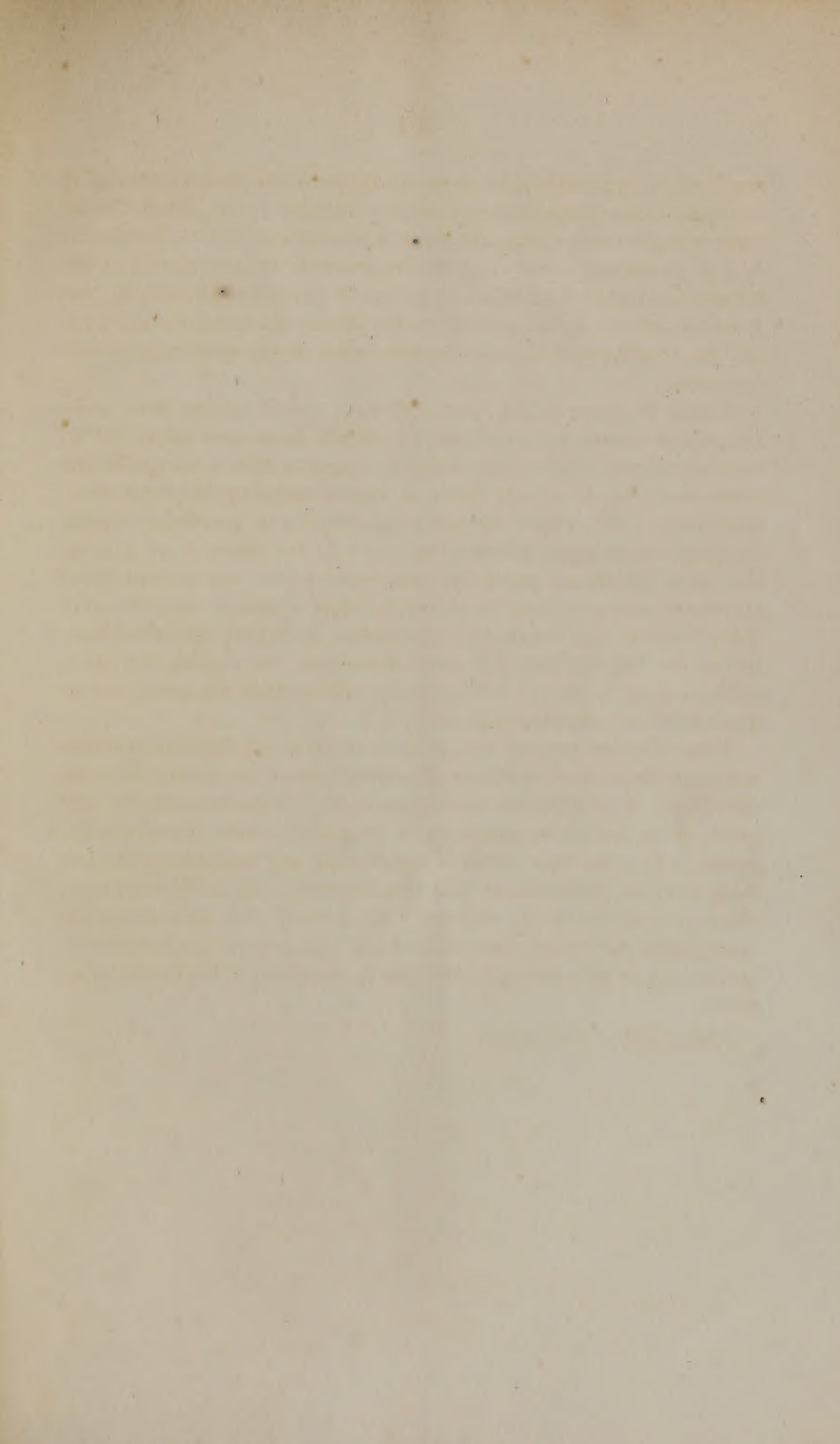
Philadelphia, Nov. 7, 1830.

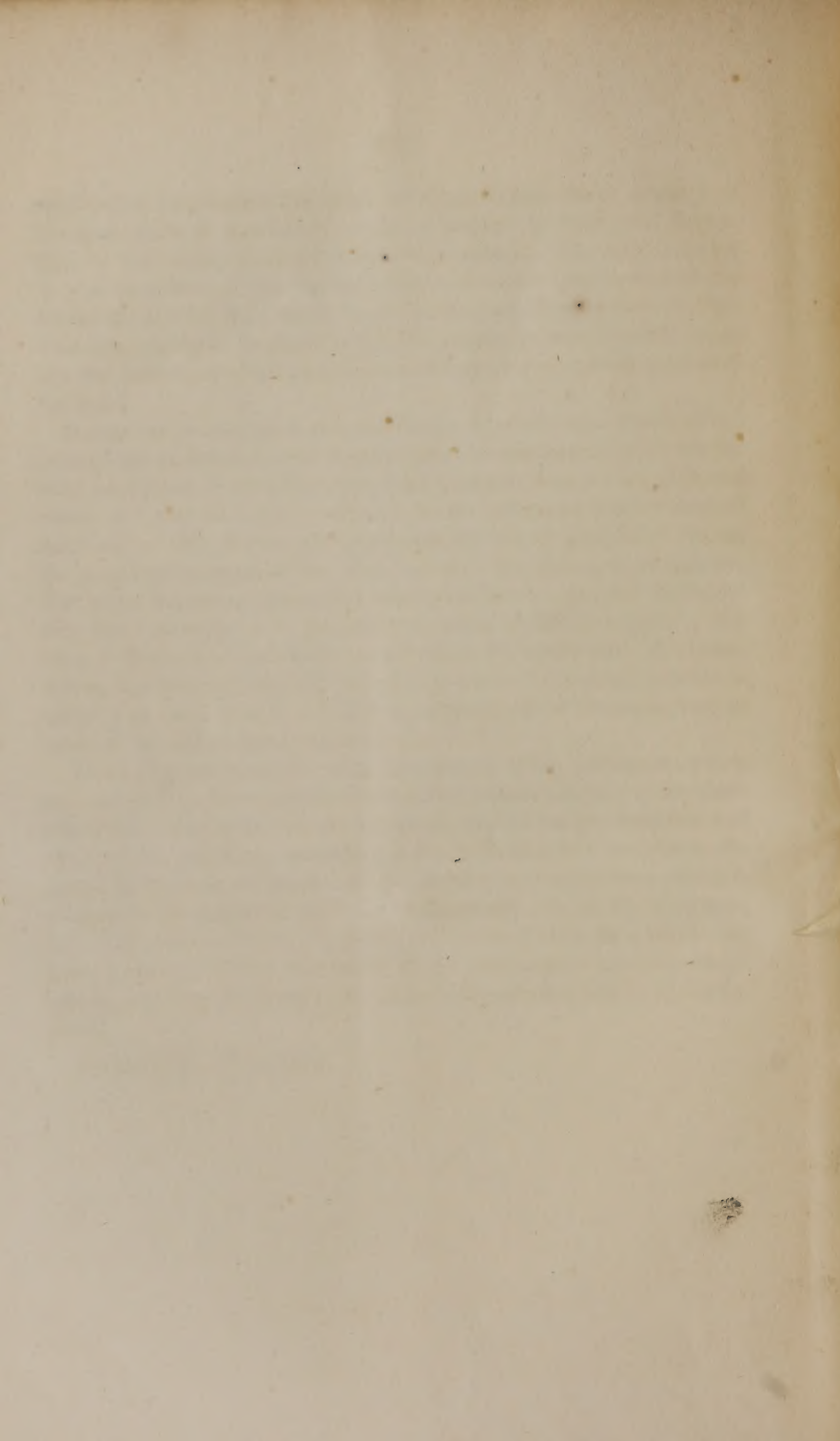
received no inconsiderable share of support, and which consists in the application of machinery in such a manner as to permit the patient to walk about during the time of treatment. Far be it from me to wish to detract in the slightest degree from the just merits of the treatment alluded to; I must, however, be permitted to remark, that I cannot believe in its superiority; the principles which should regulate the treatment of the two diseases being in my opinion precisely the same.

It must be remembered that the foregoing observations have reference to the antero-posterior curvature of the spine, and not to the lateral curvature. This latter complaint depends upon a very different cause, and may be greatly relieved by the judicious employment of machinery. Mr. POTT, who condemns the use of machinery during the progressive stages of the true caries of the spine, is of opinion that when the patient has so far recovered that he can just walk, he may have recourse with propriety to some artificial support. He says, “adults find assistance in crutches, by laying hold of chairs, tables, &c. but the best and safest assistance for a child, is what is called a go-cart, of such a height as to reach under the arms, and so made as to enclose the whole body.”

These diseases present a singular example of the differences which are met with in the experience of medical men in relation to the same affections. I have known the treatment both of morbus coxarius and caries of the vertebræ, according to the method above described, objected to by some on account of the debility and emaciation which is alleged to be produced by long confinement. I, on the contrary, can most conscientiously declare, that in every such case which has come under my notice, the result of the confinement has been an increase, not only in strength, but also in the general health of the patient.

Philadelphia, Nov. 1830.





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